

# PRIORITY ACCESS APPLICATION

Victorian  
housing register  
application



## STOP

**If you are not already on the Victorian Housing Register**, you must complete this form along with the Register of Interest form.

**If you are already approved on the Victorian Housing Register**, just complete this form.

If you have access to the internet, you can submit your application online at [my.gov.au](http://my.gov.au). If you would like more information about applying online you can visit [housing.vic.gov.au/apply-social-housing](http://housing.vic.gov.au/apply-social-housing).

## Use this form to apply for priority access to housing.

Priority access to housing is given to people who can demonstrate an urgent housing need.

### Before you start

Please read the Victorian Housing Register guide, available from your local Department of Health and Human Services office or [housing.vic.gov.au](http://housing.vic.gov.au).



## SUBMITTING THIS FORM

### Mail to:

Victorian Housing Register,  
Department of Health and Human Services,  
Reply Paid 933,  
MOE VIC 3825.

No postage stamp required.

You can also **take it** to any Department of Health and Human Services office.

## GET IMMEDIATE ASSISTANCE

**If you are experiencing family violence** and need immediate assistance, call the Safe Steps Family Violence Response Centre on **1800 015 188**.

**If you are homeless** and need accommodation, call the housing crisis line on **1800 825 955**.

These services are free and operate 24 hours a day, 7 days a week.

OFFICE  
USE ONLY

Date received

/ /

Received by

Date registered

/ /

Service ID

Complete?

Yes  No

Need help or want this document in another format? Go to [housing.vic.gov.au](http://housing.vic.gov.au) or contact your local Department of Health and Human Services office.



## FILLING IN THIS FORM

Use **blue** or **black** pen.

Write in **CAPITAL** letters.

Mark boxes with a  or .

### SECTION A

## ABOUT YOU AND YOUR HOUSEHOLD

In this section, we ask for information about you and the people who will live with you.

As the applicant, you are the person who owns this application. It is your responsibility to contact us if there are any changes to this application. All contact about this application, including housing offers, will only be with you.

### Personal Information

Q1 → **Title**  Mr  Mrs  Miss  Ms  Prof  Dr  Other

Q2 → **Given name**

Q3 → **Second given name**

Q4 → **Family name**

Q5 → **Date of birth**

Q6 → **Gender**  Male  Female  Indeterminate  Intersex  Other

**Application number**   
*Application number of your existing application*



If you are submitting this form along with a Register of Interest application, **go to Section B (Urgency of your housing need)** →

If you already have an approved Victorian Housing Register application, **go to the next question** to confirm your contact details and household members.

### Postal address

If you don't have a postal address, you can enter the postal address of a friend, relative or support worker.

Q7 → **Street name and number**

Q8 → **Suburb/Town**  **Postcode**



## SECTION B

### URGENCY OF YOUR HOUSING NEED

In this section, we ask about your current housing circumstances so that we can decide whether you are eligible for priority access to housing.



#### DOCUMENT REQUIRED

If you are a current community housing tenant please provide confirmation of your tenancy. This could be a support letter from your tenancy worker or community support agency.

The questions are directed at you; however they can apply to anyone who will be living with you.

#### Your safety

Q15 → **Are you experiencing, or at risk of family violence where you are living now, or have you left where you were living before to escape family violence?**

No  Yes



#### DOCUMENT REQUIRED

If yes, **you will will be contacted to come into a housing office so a housing worker can sight one of the following documents.**

If you have started legal proceedings:

- an intervention order or an interim intervention order, or an application for one of these
- a Family Court restraining order
- a letter from a solicitor confirming that criminal proceedings have commenced against the alleged perpetrator of the violence.

If you have not started legal proceedings, a letter from a medical practitioner or community support worker confirming you are unsafe in your housing because of family violence.

Q16 → **Are you being threatened with physical violence by someone who does not live with you, or were you forced to leave your home due to a serious threat of violence?**

No, go to **Housing Modifications (Q19)** →  Yes, **continue** ↓



#### DOCUMENT REQUIRED

If yes, **you will will be contacted** to come into a housing office so a housing worker can sight on of the following documents.

If you have started legal proceedings:

- an intervention order or an interim intervention order, or an application for one of these

OR

Alternatively you can provide a verbal or written report from a member of a federal, state or territory police service that includes:

- details of police involvement in the situation
- confirmation that you or someone you live with is under serious threat of physical violence.

If you are unable to get the police involved, we will need a report from a community support worker. The report should address:

- why you or someone you live with is threatened with physical violence
- reasons why the police cannot resolve the problem.

Q17 → **Where are you currently living?**

- In the property where I am threatened with physical violence
- I have moved to temporary accommodation (for example emergency or transitional housing or staying with family and friends)
- Neither, go to **go to Housing Modifications (Q19) →**

Q18 → **Are there any specific suburbs that you cannot reside in due to an ongoing threat of family violence or physical harm?**



#### DOCUMENT REQUIRED

A letter or report from a support worker, the police or your solicitor detailing the specific location(s) you cannot reside in is required.

### Housing modifications

Q19 → **I require housing with**

- No modifications, **go to Medical needs (Q21) →**
- Minor modifications  
*This includes small changes that can be installed in many properties, such as a step-in shower, lever taps, hand rails, lever door handles, shower seat and hand-held shower.*
- Major modifications  
*This includes changes that are harder and more expensive to install as they may require structural changes to a property such as a disabled (stepless) shower, disabled toilet, wheelchair access to some parts of the property, wheelchair charging bay, internal fire safety sprinkler system, and structural reinforcement for bathroom and bedroom hoists.*
- Full modifications  
*This means a fully-modified property which is wheelchair accessible so that someone in a wheelchair can live independently. A fully-modified property includes changes to the kitchen and laundry as well as major and minor changes listed above.*
- Major/full modifications (I am an NDIS client)  
*You need major and or full modifications as described above and are receiving funding from the National Disability Insurance Scheme to have these changes made.*

Q20 → **If you do require modifications, does your current housing have the modifications you need?**

- Yes, **go to next question →**
- No, **provide details of what modifications are not installed, and why ↓**



#### DOCUMENT REQUIRED

**If you require major or full modifications**, you and your occupational therapist (or related professional) will need to do one of the following:

- Complete an *Application for Special Accommodation Requirements*
- Your occupational therapist will need to provide a report detailing what modifications you require and whether those modifications are already installed, or can be installed where you live now.

**If you require minor modifications**, then you and your doctor or occupational therapist (if you have one) will need to complete an *Application for Special Accommodation Requirements*.

They will also need to describe the impact that your current housing is having on your health and wellbeing, and to confirm whether it is essential that you be moved to other accommodation.

## Medical needs

Q21 → **Do any of these circumstances apply to you?**

- I need housing without stairs because of limited mobility, and I live in housing with stairs now
- I have a medical condition and I need to access specialist medical or care services I can't get to from where I live now by private or public transport
- Someone I live with needs to attend a specialist education facility and they can't get to it from where we live (for example, you live outside of the zone for a special school that your child can attend, and the only way your child can attend is to move to another area)
- I need a full time live-in carer but I can't have one because my housing is too small or in the wrong area
- My housing has a harmful effect on my health or medical condition (for example, an aspect of your housing can't be managed or changed and it is having a harmful effect on your health or medical condition)
- No, go to **Inappropriate housing (Q23)** →

Q22 → **If any of these circumstances apply to you, explain why your current housing is unsuitable.**

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### DOCUMENT REQUIRED

Complete an *Application for Special Accommodation Requirements* to tell us what type of housing you need and where you need to live.

Ask your medical professional, social worker or other relevant professional to fill in the back section and confirm your need for a particular type of housing and/or location. They also need to describe the impact your current housing is having on you, or someone you live with's, wellbeing or medical condition.

## Inappropriate housing

Q23 → **Do any of these circumstances apply to you?**

- I have children in my care and live in a private rooming house, hotel room or caravan without access to our own cooking or bathroom facilities
- My current housing forces parents or other adults to share bedrooms with children
- My current housing forces children of different genders to share a bedroom (where at least one child is six years or older)
- I need housing with at least two more bedrooms than where I am living now
- I am living in social housing and it is having a negative impact on my wellbeing or the wellbeing of other tenants
- I am living in privately managed shared housing or privately managed rooming house that is having a long-term detrimental effect to my health or wellbeing



**To decide if you need at least two or more bedrooms, we consider the following:**

- two children of the same gender, under 18 years of age, share one room
- two siblings of the same gender, regardless of age, share one room
- two children of any gender, both under six years of age, share one room.

- No, go to **Family reunification (Q29)** →

Q24 → Does your household intend to live together on an ongoing basis?

No  Yes

Q25 → Has your current household lived together for at least the past six months?

No  Yes

Q26 → Is your current accommodation overcrowded due to an increase in dependents, or because your household has taken in an extra person who either needs ongoing care or provides ongoing care to another household member?

No  Yes

Q27 → Are all members of your household living with you now?

No  Yes

Q28 → If not, specify their names and the reason why.

**Names**

**Reason**

Names	Reason



### DOCUMENT REQUIRED

**Provide a copy of your lease or a support letter** from a real estate agent, community support agency or tenancy worker confirming:

- your living arrangements
- the number of bedrooms and the people now living in the household
- all household members have resided together for at least six months.

You do not need to show that **all household members have been living together for at least six months** if:

- you are a family with children living in accommodation with shared kitchen/bathroom facilities
- you had an increase in dependents
- you took in a household member in need of care, or who provides care to an existing household member.

You can also complete an Application for Special Accommodation Requirements and have your treating health practitioner describe the impact your current housing has on your medical condition.





## Insecure housing

Q32 → **Are you living in transitional housing, emergency housing or crisis housing such as a refuge?**

No  Yes

Q33 → **Are you living temporarily with family or friends who are unable to provide longer-term housing?**

No  Yes



### DOCUMENT REQUIRED

**If you answered yes**, you must **seek help from a homeless service or other housing-related support organisation to find housing**. The intake worker must complete **Section E** to tell us about your housing situation and confirm the help they have given you.

**You must also provide us with one of the following documents:**

- If you are staying with a friend or family member then you will need to provide written confirmation from the housing worker **or** the person you are staying with that you are unable to stay on a long-term basis, the reason you cannot remain there, and the date you will have to leave.



**If you have been asked to provide documents at any point**, you may be eligible for priority access to housing. Please provide the documents requested above and **go to the next page** →

If you have not been asked to provide documents or do not require to complete Section E of this form go to the next questions below.

## Special Housing Needs aged 55 years and over

Q34 → **Are you single with no dependants and are 55 years of age or over?**

No  Yes

Q35 → **Are you partnered with no dependants, and both of you are 55 years of age or over?**

No  Yes

**If yes, you may be eligible for priority access to housing. You are not required to provide any additional documentation for this priority category.**



### STOP

**If you have answered No to Q34 and Q 35 then you may not be eligible for priority access to housing.**

**Do not continue to fill out this form.** Please contact your local Department of Health and Human Services office or another housing provider or support agency if you wish to discuss your housing circumstances.

SECTION C

ALTERNATIVE HOUSING



If you currently live in public or community housing, **go to Section D (Support)** →

Q36 → **What is the main issue you experience when looking for housing?**

- Discrimination
- Escaping family violence
- Household size
- Language barrier
- Other
- Medical needs
- Rental history
- Support needs
- Unable to access affordable housing

Q37 → **Has a housing or other support worker helped you to look for alternative housing?**

- No
- Yes



**DOCUMENT REQUIRED**

**If yes**, please provide a letter from the service that helped you, confirming the assistance they have provided and whether or not you were able to obtain housing.

**If no**, on a separate piece of paper, please write a brief explanation of your housing history and outline your attempts to get alternative housing, including private rental. Refer to the *Victorian Housing Register guide* for more information about what we are asking for.

Q38 → **What other efforts have you made to find housing?**

- Asked family and friends
- Applied to more than one real estate agent or landlord
- Nothing
- Other

## SECTION D

### SUPPORT

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In this section we ask about your support needs.

By support, we mean assistance from a community organisation to establish or maintain your tenancy. The organisation that provides you with housing may be able to link you to a community support organisation when you move in.

Q39 → **Do you have any current support needs or are currently receiving support for any of the following options?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> National Disability Insurance Scheme (NDIS) | <input type="checkbox"/> Speech                              | <input type="checkbox"/> Intellectual      |
| <input type="checkbox"/> Homelessness                                | <input type="checkbox"/> Physical                            | <input type="checkbox"/> Specific learning |
| <input type="checkbox"/> Family violence                             | <input type="checkbox"/> Psychiatric                         | <input type="checkbox"/> Hearing           |
| <input type="checkbox"/> Aged care                                   | <input type="checkbox"/> Drugs and alcohol                   | <input type="checkbox"/> Vision            |
| <input type="checkbox"/> Autism                                      | <input type="checkbox"/> Neurological                        | <input type="checkbox"/> None              |
| <input type="checkbox"/> Acquired brain injury                       | <input type="checkbox"/> Aged care assessment service (ACAS) |  |
| <input type="checkbox"/> Other                                       | <input type="text"/>   |  |

#### Future support needs

Q40 → **If you move into social housing, will you require any support?**

- No
- Yes, I need help to establish my tenancy (less than 12 months)
- Yes, I need help to sustain my tenancy (more than 12 months)

Q41 → **Will you need help with any of the following?**

- |  |   |
|--|---|
| <input type="checkbox"/> Address current financial issues  | <input type="checkbox"/> Link into safety planning / family violence support    |
| <input type="checkbox"/> Address housing factors (isolation, instability, property maintenance issues) | <input type="checkbox"/> Help with exit plans from medical institution / prison |
| <input type="checkbox"/> Build on living skills  | <input type="checkbox"/> Find community supports in new housing area            |
| <input type="checkbox"/> Link into local disability services   |   |
| <input type="checkbox"/> Link into local mental health services  |   |



I declare that all the information provided in this application for the Victorian Housing Register is true and correct.

I understand that as the primary applicant I have sole responsibility in my household to respond on all matters about this application, including offers of accommodation from social housing organisations.

I acknowledge that I must advise the Department of Health and Human Services (the department) if my circumstances change, and update the department with any details that are relevant to my Victorian Housing Register application.

I understand that if I enter into a tenancy agreement with any social housing organisation including the department, my application will be removed from the Victorian Housing Register as my housing need will have been met.


I confirm my consent for the department to provide my application to the social housing organisations I have nominated in my application.

I authorise the Director of Housing, or officers acting on behalf of the Director of Housing to confirm information concerning this application with those people and organisations I have previously nominated, including, if applicable, my Child Protection caseworker and the individual or organisation that has completed Section E of this application.

I confirm my consent for the department to send copies of correspondence to those people and organisations I have nominated in my application to receive copies of correspondence.

**WARNING:** If you wilfully give information that is untrue in any particular in this application, you may be liable to penalties under section 40 of the *Housing Act 1983 (VIC)*.

**By signing this form, I have**

- Completed all applicable areas of the form
- Attached all relevant documents, indicated with a  icon
- If you are being supported, your support worker has completed **Section E (Eligibility Confirmation)**

Full name

Signature

 \_\_\_\_\_

Date

 / /

**Information privacy**

The Department of Health and Human Services is committed to protecting the privacy of your personal information. Personal information is information which directly or indirectly identifies a person. We need to collect and handle your personal information in order to be able to process your application. All the information you give us will be handled in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

If you are using other department programs we may share some of your information with them to help us coordinate better services for you. We will not use your information for any other purpose other than those listed on these forms, to provide services to you, or without your consent, unless the law requires us to do so.

You can access your information through the *Freedom of Information Act 1982* or through the *Privacy and Data Protection Act 2014*. For information about Freedom of Information requests, call 1300 650 172 or apply online at [foi.vic.gov.au](http://foi.vic.gov.au). For further information about privacy, call 1300 884 706 or email [privacy@dhhs.vic.gov.au](mailto:privacy@dhhs.vic.gov.au)

SECTION E

**ELIGIBILITY CONFIRMATION**



**STOP**

**Do not fill out this section.** It should only be filled out by a worker from a homeless service or other housing related service if asked in Section C.

The questions below relate to the applicant listed at the front of this application or one of their household members.

Q53 → **Organisation name**

Q54 → **EPRIN Number**   
*External Party Register Identification Number*

Q55 → **Street name and number**

Q56 → **Suburb/Town**  **Postcode**

Q57 → **Telephone**

**Housing situation**

Q58 → **Is the applicant living in temporary housing, such as transitional housing, a refuge, crisis housing, or emergency accommodation?**

No  Yes

Q59 → **Is the applicant living temporarily with family or friends?**

No  Yes

Q60 → **Provide details about the applicant's housing situation.**

Q61 → **What is the date the applicant arrived in this accommodation and how long can they stay?**

Q62 → **What is the reason they can't remain there?**

Q63 → **What assistance have you provided the applicant?**

- Assessment by IAP worker for placement on prioritisation list and possible referral to support service
- Advice and assistance on housing options, including private rental information, eligibility for the bond loan scheme and possible funds towards rent in advance
- Information about social housing – community and public – and the Victorian Housing Register
- Help to source and secure long term accommodation

## DECLARATION BY COMMUNITY ORGANISATION

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I declare that the applicant named in Section A of this application has demonstrated that their housing circumstances meets the Victorian Housing Register Priority Access guidelines under the Special housing needs – Insecure housing category.

The applicant has received the assistance indicated above.

This service has not been able to secure permanent accommodation for the applicant.

**Worker's full name**

**Worker's signature**



**Date**

## LANGUAGELINK

For other languages, an interpreter is available through your local office.

### English

This publication is about housing. If you have difficulty reading English, you can get help with this publication. Please contact your local office or call Language Link on (03) 9280 0799 for an interpreter.

### 中文 Simplified Chinese

这是一份关于住房的出版物。如果你英语阅读有困难，可以获得帮助。请联系本地办事处或拨打 (03) 9280 0791 联系 Language Link 要求口译员协助。

### 繁體中文 Chinese

本刊物有關住房資訊。假如您閱讀英語有困難，您可以尋求瞭解本刊物內容的幫助，請聯絡本地公房辦事處或撥打翻譯熱線 (03) 9280 0789。

### Hrvatski Croatian

Ova publikacija sadrži informacije o stambenom smještaju. Ako ovu brošuru ne razumijete zato što je pisana na engleskom, imate pravo na pomoć. Molimo vas, kontaktirajte svoj mjesni ured ili nazovite Language Link na broj (03) 9280 0792 i spojiti će vas se sa tumačem.

### Polski Polish

Niniejsza informacja dotyczy kwestii mieszkaniowych. Jeśli masz trudności z czytaniem po angielsku, możesz otrzymać pomoc w zrozumieniu tej publikacji. Prosimy zwrócić się do swojego lokalnego biura lub zadzwonić do Language Link pod numer (03) 9280 0793 i poprosić o ustnego tłumacza.

### Af-Soomaali Somali

Daabacaadan waxay ku saabsan tahay gurisiinta. Haddii aad qabto dhibaato xaga aqriska Ingiriisiga, waxaad caawimaad ka helaya daabacaadan. Fadlan la xiriir xafiiska degaankaaga ama ka wac Language Link taleefanka (03) 9280 0795 wixii la xiriira turjumaanka.

### русский язык Russian

Эта публикация касается жилищных вопросов. Если вам трудно прочитать ее по-английски, то вам может быть предоставлена помощь. Вы можете обратиться в свой местный жилищный отдел или связаться с переводчиком, позвонив на Языковую линию (Language Link) по номеру (03) 9280 0794.

### Español Spanish

Esta publicación es sobre vivienda. Si tiene dificultad para leer inglés, se le puede ayudar con esta publicación. Por favor póngase en contacto con su oficina local o llame a Language Link en el (03) 9280 0796.

### Türkçe Turkish

Bu yayın konular hakkındadır. İngilizce okumakta güçlük çekiyorsanız, bu yayınlara ilgili yardım alabilirsiniz. Lütfen yerel ofisinizle ilişkiye geçin veya bir tercüman için (03) 9280 0797'den Dil Bağlantısı'nı arayın.

### Tiếng Việt Vietnamese

Ấn phẩm này nói về vấn đề nhà ở. Nếu quý vị gặp khó khăn đọc tiếng Anh, quý vị có thể được giúp đỡ để hiểu ấn phẩm này. Xin hãy liên lạc với văn phòng địa phương hoặc gọi cho Language Link theo số (03) 9280 0798 để có thông dịch giúp đỡ.

### عربي Arabic

هذه النشرة هي عن الإسكان. إذا كان لديكم صعوبة في قراءة اللغة الإنكليزية، يمكنكم تلقي المساعدة لفهم هذه النشرة. رجاءً اتصلوا بالمكتب المحلي في منطقتكم أو اتصلوا برابط اللغة Language Link على الرقم (03) 9280 0790 لطلب مترجم شفهي.

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